

Work Flow: Screening for Perinatal Mood and Anxiety Disorders (PMAD)



Provide written and verbal education on PMAD, to include: (utilize patient education resources included in toolkit)

Screen During Visit

- Signs and symptoms
- Relationship between depression and health of pregnant/postpartum woman and her infant
- What to do if positive for signs and symptoms
- Available resources (include locally developed Mental Health Resources directory)

YES

Screen During Check-in

Administer EPDS

- Give directions on EPDS completion
- Emphasize it is only a *screening* tool
- Explain screen as routine part of care
- · Assist with completion as needed
- Collect completed screening tool

Score Tool

NO

 Make notation of any positive answer to #10 or Total Screen score of 10 or more

EPDS Score

Risk of self-harm or harm to others:

Implement crisis plan (go to Crisis Intervention algorithm included in toolkit)

- Discuss concern related to risk of harm to self or others and assess if currently having active thoughts or a plan
- Follow crisis plan according to level of response needed based on current thoughts/plans

risk of self-harm or harm to others OR positive on #10

Is there a

9 or less

Client is at lower risk of PMAD

- Assess for sx's not reflected in score
- Continue with education
- Repeat EPDS at next designated opportunity per local plan

Results negative: Routine Care

Client is at higher risk of PMAD (10-12 moderate; 13-30 high) Needs further evaluation

10 or more

Implement referral plan (as developed by your local agency; may include the following, but should be adapted to a plan/procedure that fits your community and ensures an adequate system of care; please edit below to reflect local plan)

- Discuss score and follow-up process with client
- Refer to OB/GYN and mental health provider (if applicable) - for appt. within next 2 weeks
 - If no existing provider, make referral to a new OB/GYN, primary care, or mental health provider
- Fax EPDS as part of referral
- Make warm referral to home visiting program in the community
- Document score and interventions

Follow up with client to make sure she has received care within two weeks.

- Help problem solve with accessing care, if applicable
- Get signed consent from client for follow-up communication with OB/Primary Care Provider and/or Mental Health Provider
- Give participant "Depression During and After Pregnancy" booklet by HRSA.
- Repeat EPDS in 2-4 weeks and prn per plan
- · Document response and follow up